

*Patricia Booker*

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						10/598347	
						APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/					51						
2		/					52						
3							53						
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5		2					55						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1												
TOTAL DEP.	4												
TOTAL CLAIMS	7												